

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 097622544	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1		1		51				
2		1		1		1	52				
3		1		1		1	53				
4		3		1		1	54				
5		0		1		1	55				
6		0		1		1	56				
7		0		1		1	57				
8		0		1		1	58				
9		0		1		1	59				
10		0		1		1	60				
11		0		1		1	61				
12		0		1		1	62				
13		0		1		1	63				
14		1		1		1	64				
15		1		1		1	65				
16		1		1		1	66				
17		1		1		1	67				
18		1		1		1	68				
19		1		1		1	69				
20		1		1		1	70				
21		1		1		1	71				
22		1		1		1	72				
23		1		1		1	73				
24		1		1		1	74				
25		1		1		1	75				
26		1		1		1	76				
27		1		1		1	77				
28	1		1		1		78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
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36							86				
37							87				
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41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1	2	1	1	1	1	TOTAL IND.	1	1	1	1
TOTAL DEP.		25		0		0	TOTAL DEP.				
TOTAL CLAIMS	1	27	1	1	1	1	TOTAL CLAIMS	1	1	1	1

PTO-1295 (2-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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